

Affidavit and Revenue Certification

METROPOLITAN SAFETY COUNCIL OF THE N.O. AREA INC ENTITY NAME
JEFFERSON Parish
METAIRIE, LA (City), State

ANNUAL SWORN FINANCIAL STATEMENTS AND
CERTIFICATION OF REVENUES \$50,000 OR LESS (if applicable)

The annual sworn financial statements are required by Louisiana Revised Statute 24:514 to be filed with the Legislative Auditor within 90 days after the close of the fiscal year. The certification of revenues \$50,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(l)(1)(c)(i).

Personally came and appeared before the undersigned authority, BETH
INBAU (officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of METROPOLITAN SAFETY COUNCIL INC (entity name) as of 12/31/13 (entity's year-end), and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements.


(Complete if applicable)

In addition, BETH INBAU (officer name), who, duly sworn, deposes and says that METROPOLITAN SAFETY COUNCIL (entity name) received \$50,000 or less in revenues and other sources for the year ended 12/31/13, and accordingly, is not required to have an audit for the previously mentioned year.

Beth Inbau
Officer Signature

Sworn to and subscribed before me this 15th day of April, 2014.

[Signature]
NOTARY PUBLIC

 W.W. Young, III
Bar No. 13767
State of Louisiana
My Commission is for Life

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.
Officer's Name BETH INBAU
Officer's Title PRESIDENT & CEO
Address 4200 South I-10 Service Rd
Ste 224
PH/Fax/E-mail BETH@METROSAFETY.ORG
Release Date APR 30 2014

Please return the completed form within 90 days of your entity's year-end to Office of Legislative Auditor –
Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

Statement A

This statement only relates to a Safe Communities Grant
from the Louisiana Highway Safety Commission. All
receipts are reimbursements from LHSC.

Metropolitan Safety Council of the New Orleans
Area, Inc.

(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2013 (Year-End)

| | General Fund | Other Fund | Total |
|--|--------------------|---------------|--------------------|
| RECEIPTS (Provide Brief Description): | | | |
| 1. Reimbursement check from Louisiana Highway Safety Commission (LHSC) | \$14,141.45 | \$ | \$14,141.45 |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. Total receipts (add lines 1 - 5) | <u>\$14,141.45</u> | <u>\$</u> | <u>\$14,141.45</u> |
| DISBURSEMENTS (Provide Brief Description): | | | |
| 7. Personal Services | \$6,100.00 | \$ | \$6,100.00 |
| 8. Contractual Services | \$2,523.52 | | \$2,523.52 |
| 9. Commodities | \$2,499.40 | | \$2,499.40 |
| 10. Travel | \$1,559.10 | | \$1,559.10 |
| 11. Supplies | \$1,459.43 | | \$1,459.43 |
| 12. | | | |
| 13. Total Disbursements (add lines 7 - 12) | <u>\$14,141.45</u> | <u>\$</u> | <u>\$14,141.45</u> |
| 14. Change in fund balance (Lines 6 minus 13) | \$ | \$ | \$0.00 |
| 15. Fund Balance at beginning of year | \$ | \$ | \$ |
| 16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B | \$ | \$ | \$ |

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

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Statement B

METROPOLITAN SAFETY COUNCIL
OF THE N.O. AREA INC (Agency
 Name)

Balance Sheet, on 12/31/13 (Year-End)

| | General Fund | Other Fund | Total |
|---|-----------------|---------------|-------------|
| ASSETS (balances at year-end) -Give brief description: | | | |
| 1. Cash and cash equivalents on hand | \$ | \$ | \$ |
| 2. Investments (fair value) on hand | | | |
| 3. Office furnishings (Cost of desks, etc) | | | |
| 4. Equipment (Cost of fax machine, etc) | | | |
| 5. Other (brief description) | | | |
| 6. Total Assets (add lines 1 - 5) | \$ | \$ | \$ <u>Ø</u> |
| LIABILITIES AND FUND BALANCE (at year-end): | | | |
| 7. Liabilities (give brief description): | | | |
| 8. | \$ | \$ | \$ |
| 9. | | | |
| 10. | | | |
| 11. Total Liabilities (add lines 7 - 10) | | | |
| 12. Fund balance (amount from Line 16 on Statement A) | | | |
| 13. Other | | | |
| 14. Total Liabilities and Fund Balance (add lines 11 - 13) | \$ | \$ | \$ <u>Ø</u> |

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